

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re: § Case No. 17-01365
§
CHERRY PARENTE §
§
§
Debtor(s) §

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION REPORT
CERTIFICATION THAT THE ESTATE HAS BEEN FULLY ADMINISTERED
AND APPLICATION TO BE DISCHARGED (TDR)**

David P. Leibowitz, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: <i>(without deducting any secured claims)</i>	\$50,200.00	Assets Exempt:	\$21,250.00
Total Distributions to Claimants:	\$1,454.42	Claims Discharged Without Payment:	\$0.00
Total Expenses of Administration:	\$503.76		

3) Total gross receipts of \$1,958.18 (see **Exhibit 1**), minus funds paid to the debtor(s) and third parties of \$0.00 (see **Exhibit 2**), yielded net receipts of \$1,958.18 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
Secured Claims (from Exhibit 3)	\$34,972.00	\$0.00	\$0.00	\$0.00
Priority Claims:				
Chapter 7 Admin. Fees and Charges (from Exhibit 4)	NA	\$503.76	\$503.76	\$503.76
Prior Chapter Admin. Fees and Charges (from Exhibit 5)	NA	\$0.00	\$0.00	\$0.00
Priority Unsecured Claims (From Exhibit 6)	\$0.00	\$0.00	\$0.00	\$0.00
General Unsecured Claims (from Exhibit 7)	\$0.00	\$4,878.84	\$4,878.84	\$1,454.42
Total Disbursements	\$34,972.00	\$5,382.60	\$5,382.60	\$1,958.18

4). This case was originally filed under chapter 7 on 01/17/2017. The case was pending for 10 months.

5). All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6). An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 11/02/2017

By: /s/ David P. Leibowitz
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO
FINAL ACCOUNT**

EXHIBIT 1 – GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE	AMOUNT RECEIVED
2016 Tax Refund	1224-000	\$1,485.00
Whole Life Insurance Policy	1229-000	\$473.18
TOTAL GROSS RECEIPTS		\$1,958.18

The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

NONE

EXHIBIT 3 – SECURED CLAIMS

CLAIM NUMBER	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
	Bmo Harris Bank	4110-000	\$34,972.00	\$0.00	\$0.00	\$0.00
	TOTAL SECURED CLAIMS		\$34,972.00	\$0.00	\$0.00	\$0.00

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
David P. Leibowitz, Trustee	2100-000	NA	\$489.55	\$489.55	\$489.55
David P. Leibowitz, Trustee	2200-000	NA	\$10.18	\$10.18	\$10.18
Green Bank	2600-000	NA	\$4.03	\$4.03	\$4.03
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		NA	\$503.76	\$503.76	\$503.76

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

NONE

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

NONE

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

CLAIM NUMBER	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
1	Maple Brook Community	7100-000	\$0.00	\$4,878.84	\$4,878.84	\$1,454.42
	TOTAL GENERAL UNSECURED CLAIMS		\$0.00	\$4,878.84	\$4,878.84	\$1,454.42

Case No.: 17-01365
 Case Name: PARENTE, CHERRY
 For the Period Ending: 11/2/2017

Trustee Name: David Leibowitz
 Date Filed (f) or Converted (c): 01/17/2017 (f)
 §341(a) Meeting Date: 02/16/2017
 Claims Bar Date: 07/18/2017

1	2	3	4	5	6	
Ref. #	Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Value	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Abandoned OA =§ 554(a) abandon.	Sales/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1	343 Tulip Circle Matteson, IL - 60443-0000 Cook County Doublewide Trailer parked on lot in Maple Brook Community	\$50,000.00	\$0.00		\$0.00	FA
2	2011 Dodge Grand Caravan 136000 miles Kelley Blue Book used to determine value less \$500 body damage from hitting deer.	\$2,000.00	\$0.00		\$0.00	FA
Asset Notes: CarMax appraisal received						
3	4 rooms household goods. Nothing new, nothing antique	\$500.00	\$0.00		\$0.00	FA
4	Necessary wearing apparel	\$250.00	\$0.00		\$0.00	FA
5	Bank account with BMO Harris	\$2,251.23	\$0.00		\$0.00	FA
6	Distribution from Husband's life insurance policy	\$15,000.00	\$0.00		\$0.00	FA
7	Wedding Ring (u)	\$600.00	\$0.00		\$0.00	FA
Asset Notes: Appraisal provided						
8	Costume Jewelry (u)	\$200.00	\$200.00		\$0.00	FA
Asset Notes: Appraisal provided						
9	2016 Tax Refund (u)	\$1,485.00	\$1,485.00		\$1,485.00	FA
10	Whole Life Insurance Policy (u)	\$1,121.95	\$473.18		\$473.18	FA
TOTALS (Excluding unknown value)						
		<u>\$73,408.18</u>	<u>\$2,158.18</u>		<u>\$1,958.18</u>	Gross Value of Remaining Assets
						\$0.00

Major Activities affecting case closing:

05/23/2017 2017 Reporting Period:

Debtor is paying the chapter 7 estate for non-exempt portions of her whole life insurance policy and 2016 tax refund in three installments of \$652.73. The final installment is due by June 30, 2017.

The claims bar date is July 17 & July 18, 2017, after which, the case will be ready for TFR.

Case No.: 17-01365
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 §341(a) Meeting Date: 02/16/2017
 Claims Bar Date: 07/18/2017

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Value	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Abandoned OA =§ 554(a) abandon.	Sales/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets

Initial Projected Date Of Final Report (TFR): 04/09/2018

Current Projected Date Of Final Report (TFR):

/s/ DAVID LEIBOWITZ

DAVID LEIBOWITZ

CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No. 17-01365
 Case Name: PARENTE, CHERRY
 Primary Taxpayer ID #: **-***9066
 Co-Debtor Taxpayer ID #: _____
 For Period Beginning: 1/17/2017
 For Period Ending: 11/2/2017

Trustee Name: David Leibowitz
 Bank Name: Green Bank
 Checking Acct #: *****6501
 Account Title: _____
 Blanket bond (per case limit): \$5,000,000.00
 Separate bond (if applicable): _____

1	2	3	4	5	6	7	
Transaction Date	Check / Ref. #	Paid to/ Received From	Description of Transaction	Uniform Tran Code	Deposit \$	Disbursement \$	Balance
05/10/2017		PARENTE, CHERRY	Payment for non-exempt 2016 tax refund & portion of whole life policy (1 of 3)	*	\$652.73		\$652.73
	{9}		Payment for non-exempt 2016 tax refund (1 of 3)	\$495.00	1224-000		\$652.73
	{10}		non-exempt portion of whole life policy (1 of 3)	\$157.73	1229-000		\$652.73
05/15/2017		PARENTE, CHERRY	Payment for non-exempt 2016 tax refund & portion of whole life policy (2 of 3)	*	\$652.73		\$1,305.46
	{9}		Payment for non-exempt 2016 tax refund (2 of 3)	\$495.00	1224-000		\$1,305.46
	{10}		non-exempt portion of whole life policy (2 of 3)	\$157.73	1229-000		\$1,305.46
05/31/2017		Green Bank	Bank Service Fee	2600-000		\$1.25	\$1,304.21
06/15/2017		PARENTE, CHERRY	Payment for non-exempt 2016 tax refund & portion of whole life policy (3 of 3)	*	\$652.72		\$1,956.93
	{9}		Payment for non-exempt 2016 tax refund (3 of 3)	\$495.00	1224-000		\$1,956.93
	{10}		non-exempt portion of whole life policy (3 of 3)	\$157.72	1229-000		\$1,956.93
06/30/2017		Green Bank	Bank Service Fee	2600-000		\$2.78	\$1,954.15
10/19/2017	3001	David P. Leibowitz	Trustee Expenses	2200-000		\$10.18	\$1,943.97
10/19/2017	3002	David P. Leibowitz	Trustee Compensation	2100-000		\$489.55	\$1,454.42
10/19/2017	3003	Maple Brook Community	Claim #: 1; Amount Claimed: \$4,878.84; Distribution Dividend: 29.81%;	7100-000		\$1,454.42	\$0.00
10/19/2017	3003	STOP PAYMENT: Maple Brook Community	Claim #: 1; Amount Claimed: \$4,878.84; Distribution Dividend: 29.81%;	7100-004		(\$1,454.42)	\$1,454.42
10/19/2017	3004	Maple Brook Community	Claim #: 1; Amount Claimed: \$4,878.84; Distribution Dividend: 29.81%;	7100-000		\$1,454.42	\$0.00

SUBTOTALS \$1,958.18 \$1,958.18

CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No. 17-01365
 Case Name: PARENTE, CHERRY
 Primary Taxpayer ID #: **-***9066
 Co-Debtor Taxpayer ID #: _____
 For Period Beginning: 1/17/2017
 For Period Ending: 11/2/2017

Trustee Name: David Leibowitz
 Bank Name: Green Bank
 Checking Acct #: *****6501
 Account Title: _____
 Blanket bond (per case limit): \$5,000,000.00
 Separate bond (if applicable): _____

1	2	3	4	5	6	7	
Transaction Date	Check / Ref. #	Paid to/ Received From	Description of Transaction	Uniform Tran Code	Deposit \$	Disbursement \$	Balance
			TOTALS:		\$1,958.18	\$1,958.18	\$0.00
			Less: Bank transfers/CDs		\$0.00	\$0.00	
			Subtotal		\$1,958.18	\$1,958.18	
			Less: Payments to debtors		\$0.00	\$0.00	
			Net		\$1,958.18	\$1,958.18	

For the period of 1/17/2017 to 11/2/2017

Total Compensable Receipts:	\$1,958.18
Total Non-Compensable Receipts:	\$0.00
Total Comp/Non Comp Receipts:	\$1,958.18
Total Internal/Transfer Receipts:	\$0.00
Total Compensable Disbursements:	\$1,958.18
Total Non-Compensable Disbursements:	\$0.00
Total Comp/Non Comp Disbursements:	\$1,958.18
Total Internal/Transfer Disbursements:	\$0.00

For the entire history of the account between 05/10/2017 to 11/2/2017

Total Compensable Receipts:	\$1,958.18
Total Non-Compensable Receipts:	\$0.00
Total Comp/Non Comp Receipts:	\$1,958.18
Total Internal/Transfer Receipts:	\$0.00
Total Compensable Disbursements:	\$1,958.18
Total Non-Compensable Disbursements:	\$0.00
Total Comp/Non Comp Disbursements:	\$1,958.18
Total Internal/Transfer Disbursements:	\$0.00

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 Bank Name: Green Bank
 Checking Acct #: *****6501
 Account Title: _____
 Blanket bond (per case limit): \$5,000,000.00
 Separate bond (if applicable): _____

1	2	3	4	5	6	7	
Transaction Date	Check / Ref. #	Paid to/ Received From	Description of Transaction	Uniform Tran Code	Deposit \$	Disbursement \$	Balance

TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSE	ACCOUNT BALANCES
	\$1,958.18	\$1,958.18	\$0.00

For the period of 1/17/2017 to 11/2/2017

Total Compensable Receipts:	\$1,958.18
Total Non-Compensable Receipts:	\$0.00
Total Comp/Non Comp Receipts:	<u>\$1,958.18</u>
Total Internal/Transfer Receipts:	\$0.00
Total Compensable Disbursements:	\$1,958.18
Total Non-Compensable Disbursements:	\$0.00
Total Comp/Non Comp Disbursements:	<u>\$1,958.18</u>
Total Internal/Transfer Disbursements:	\$0.00

For the entire history of the case between 01/17/2017 to 11/2/2017

Total Compensable Receipts:	\$1,958.18
Total Non-Compensable Receipts:	\$0.00
Total Comp/Non Comp Receipts:	<u>\$1,958.18</u>
Total Internal/Transfer Receipts:	\$0.00
Total Compensable Disbursements:	\$1,958.18
Total Non-Compensable Disbursements:	\$0.00
Total Comp/Non Comp Disbursements:	<u>\$1,958.18</u>
Total Internal/Transfer Disbursements:	\$0.00

/s/ DAVID LEIBOWITZ

DAVID LEIBOWITZ